

June 23, 2010

Montana Healthcare Programs Notice

Hospital Inpatient, Hospital Outpatient, Psychiatric Residential Treatment Facilities (PRTF), Therapeutic Group Homes, Therapeutic Foster or Family Care Providers, Mental Health Centers, Psychologists, Social Workers, Licensed Professional Counselors, FQHC, PRTF Waiver Providers

Changes to the First Health Services Provider Manual(s), Clinical Guidelines and Forms used for Utilization Management of Children's Mental Health Medicaid Services

Effective July 1, 2010, the First Health Services Provider Manual(s) will be replaced by the Children's Mental Health Bureau's Provider Manual and Clinical Guidelines for Utilization Management and adopted as referenced in ARM 37.87.903 (6). The new manual was compiled by consolidating the existing provider manuals posted on the First Health website. Each of these previous manuals gave guidance to providers about the utilization management process for specific services and outlined the clinical guidelines used to determine whether the service is medically necessary. While most of the information about services and authorization reviews remains the same, some information has been added to clarify Department policy and to give more guidance to providers about the authorization review processes.

Since this manual has been adopted through the rule making process, the Department has received and responded to comments which include comments about the Provider Manual and its content. The Department has made some changes to the April 15 version of the manual posted on its website. Providers will be expected to adhere to the final July 1, 2010, version of the Provider Manual and Clinical Guidelines for Utilization Management, now posted on its website at:

www.dphhs.mt.gov/mentalhealth/children/index.shtml

In addition to consolidating the manuals, the Department has renamed most of the forms required to request authorization for payment for children's mental health Medicaid services. The new names all begin with the type of review requested (Prior Authorization; Continued Stay) or type of form (Certification of Need) and then indicate what service it is for. All of the new forms are labeled Montana Medicaid-Youth to distinguish them from the forms used for adult mental health services.

The forms themselves are not in the manual, but will be posted on the Department webpage and on the Utilization Management contractor's webpage. On July 1, 2010, the Department's utilization management contractor's legal name will change from First Health Services of Montana to Magellan Medicaid Administration of Montana at:

<https://montana.fhsc.com>

All forms referenced in the Provider Manual are available to providers on these web sites.

One new form is required for Psychiatric Residential Treatment Facilities (PRTFs). Each Continued Stay Request must be accompanied by a completed Discharge Plan Review form. A second new form, the Administrative Review Request form, is not required but preferred when an administrative review is requested. A couple of forms have been consolidated and a couple of current forms have been separated into two forms. Beginning July 1, providers will be expected to use the correct form, as listed in the Provider Manual, to request all authorization reviews.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>